

**POWER OF ATTORNEY
AND
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number:	10/599,588
Filing Date:	October 2, 2006
First Named Inventor:	Karl Gunnar BJURSELL
Art Unit:	1641
Examiner Name:	Unknown
Attorney Docket Number:	EPCL:013US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with Customer Number: 32425

OR

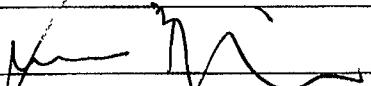
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State		Zip
Country			
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature			
Name	KUNNAR BJURSELL		
Title and Company	PROF. GÖTTENBURG VAN V.	Telephone	+46 70 699 3745
Date	20080819		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature			
Name	Jeanette Nilsson		
Title and Company	Dr. Gothenburg Univ.	Telephone	+46 31 786 38 79
Date	20080820		

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SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature	<i>Sara Ellmark</i>		
Name	<i>Sara Ellmark</i>		
Title and Company	Telephone	<i>+96-31-412052</i>	
Date	<i>18 Sep 2006</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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